

State File No. _____

Registrar's No. 684

19
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

REGISTRATION DISTRICT NO. 728

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County. Greene

(b) City or town. Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home, 1215 W. Olive
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____
(Specify whether years, months or days)

In this community. 40 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Greene

(c) City or town. Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 215 W. Olive
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME OLIVER ARNET KINNEY

3. (b) If veteran, name war. No

3. (c) Social Security No. None

4. Sex. Female

5. Color or race. White

6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Mrs Ida Kinney

6. (c) Age of husband or wife if alive. unk. years

7. Birth date of deceased. Dec 27 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓ 73	7	24		hr. _____ min.

9. Birthplace. Union City Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation. Retired

11. Industry or business _____

12. Name. Frank A. Kinney

13. Birthplace. unk Wis
(City, town, or county) (State or foreign country)

14. Maiden name. Mary Wilkins

15. Birthplace. Union City Tenn Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs Ida Kinney

(b) Address. Springfield Mo.

17. (a) Burial (b) Date thereof. 8-23-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Hazelwood Cem

18. (a) Signature of funeral director. H. H. Lohmeyer

(b) Address. Springfield Mo.

19. (a) 8-24-43 (b) W. S. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 21
year 1943 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from January 26 1943 to Aug 21 1943
that I last saw him alive on Aug 21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Sudden Heart Failure

Due to: Chronic Myocarditis

Due to: ✓

Other conditions: Myocarditis chronic
(Include pregnancy within 7 months of death)

Major findings: ✓ 13/8

Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____ ✓

(b) Date of occurrence _____ ✓

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (M. D. or other)

Means of injury _____

23. Signature W. S. Handley (M. D. or other) _____
Address Springfield Mo. Date signed 8/24/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Heith Collier

Licensed Embalmer No.

8632

P. O. Address.....

Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.